

STATE OF SOUTH CAROLINA
DEPARTMENT OF INSURANCE

300 Arbor Lake Drive, Suite 1200
Columbia, SC 29223

PO Box 100105
Columbia, SC 29202-3105

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2005 FEE AND TAX RETURN FOR HEALTH MAINTENANCE ORGANIZATION

COMPANY CODE:

COMPANY:

NAIC CODE:

Schedule 01 - South Carolina Fees (All HMOs)		
LINE NO	DESCRIPTION OF FEES	FEES DUE IN SOUTH CAROLINA
0101	Annual License Fee	1,000.00
	The above named Health Maintenance Organization is Authorized to write Accident and Health Business in the state of South Carolina. The Annual License Fee for a Health Maintenance Organization is \$1,000.00	
0199	TOTAL AMOUNT OF FEES DUE WITH THIS RETURN	.00

State of _____ County of _____

We, the undersigned officer of the insurer and person preparing this form for the above named company, being severally sworn each for himself deposes and says that this return, including any accompanying schedules and statements has been examined by him, and is to the best of his knowledge, information and belief, a true and correct return, made in good faith and complete in all applicable parts, for the taxable year stated, pursuant to the laws of the state of South Carolina.

Sworn and subscribed before me this _____ day of _____ 20____

Notary Public: Affix Seal

Officer of the Insurer

Person Preparing Fee & Tax Return

Email Address

Email Address

Date Commission Expires

Title

(Area Code) Telephone Number and Extension